

## CANDIDATE COMMITTEE COVER PAGE

## FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink an the treasurer (or designated record keeper) and or	d signed by candidate.	3. This Statement covers From	<sup>1:</sup> 01/01/16	to 08/22/16	
1. Committee I.D. Number	··	Candidate Last Name		st Name	M,I.
C-2015-020		Giannola	Diane		M
0 2010 020		4a. Office Sought Including District # or Community Served (If applicable)			
2. Committee Name		Ann Arbor City Council ward 4			
Diane Giannola for City Council		4b. County of Residence <b>WASHTENAW</b>			
5. Committee's Mailing Address		6. Treasurer's Name & Residential Address			
3252 Alpine Dr		Linda Thompson			
Ann Arbor, MI 48108		794 N. Wagner Rd.			
		Ann Arbor, MI 48103	3		\$
Area Code and Phone (734) 973-7344  If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		Ann Arbor, MI 48103  Area Code & Phone (734) 213-2187  8. Designated Record keeper's Name and Mailing Address (Irthe committee has Designated Record keeper)			
7. Treasurer's Business Address		Designated Record keeper Designated Record keeper)	s Name and Mailin	Address (Lthe commit	tee has
Area Code and Phone		Area Code and Phone			
9. TYPE OF STATEMENT	<u> </u>	7 WOLD GOOD GITTET TOTAL	9e. Dissolution	of Candidate Committe	e
9a. Pre-Election OR 9b. Post-Election  Pre-Election or Post-Election Statement relates to:	Required ONLY if candidate is not on the ballot for the current year:  July Quarterly  October Quarterly		By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no oustanding assets, owes no lates fees or has any oustanding debt.  Further, if the dissolution cannot be granted, that this be		
General					
Convention			considered a requi	olution cannot be grante est for the Reporting Wa	o, that this be iver.
Special	<sup>9c.</sup> Annua	Statement () Coverage Year	Effective date of dissolution		
School					
Caucus	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)		Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.		
Date of Election, Convention or Caucus					
08/02/16				·	
10. Verification: I/We certify that all reasonable dilig	oneo wae ueed i	in the propagation of this statemen	at and attached as	hadulaa (if anu) and ta th	- best of
my\our knowledge and belief the contents are true,	accurate and co	implete.	and allached sc	neddies (ii any) and to tr	ie best or
Current Treasurer or Designated Record keeper  Linda Thom	oson	, Luide drong	2n	_ <sub>Date</sub> 8 23	16
Type or Print Name		Signature		Date	<b>\</b>
Candidate Diane Giannola		1 Dane 6	cannols	7 Date	23/16
Type or Print Name		Signature			

1. Committee I.D. Number <u>C-2015-020</u>

**SUMMARY PAGE CANDIDATE COMMITTEE** 

2. Committee Name Diane Giannola for City Council

CANDIDATE COMMITTEE	2. Confinitee Name	
RECEIPTS	Column I This Period	Column tl Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ <b>\$0.00</b>	(18.) \$ \$1,530.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _\$0.00	(19.) \$ \$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$0.00	(20.) \$ \$1,530.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$0.00	(21.) \$ \$3,361.68
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _\$0.00	(22.) \$ \$0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$0.00	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ _\$0.00	(23.) \$ \$1,318.28
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ \$0.00	
b. Uniternized (less than \$50.01 each - no Schedule)	(10b.)\$ \$0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ \$0.00	(24.) \$ \$0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _\$0.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _\$0.00	
<ul> <li>13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)</li> <li>14. Amount received during reporting period (Line 5, Total Contributions &amp; Other Receipts)</li> <li>15. SUBTOTAL Add lines 13 and 14</li> <li>16. Amount expended during reporting period (Add lines 9 and 11)</li> <li>17. ENDING BALANCE (Subtract line 16 from line 15)</li> </ul>	### ##################################	